



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E396912**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	15-00293
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 01 - 30 - 2015	1738	31		0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	8200
20TH ST SE	MILE POST <input type="checkbox"/>	

DISTANCE	OF (REFERENCE OR CROSS STREET)
200 00 MILES <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W	79TH AVE SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4257726785
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LAST NAME	EPLER	FIRST NAME	SHANNON	MIDDLE INITIAL	T
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STREET NEW ADDRESS	14611 58TH DR SE
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CITY	EVERETT	ST	WA	ZIP	982089377
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CDL	RESTRICTIONS B	ENDORSEMENTS
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DRIVER'S LICENSE #	EPLERST168JH	STATE	WA	SEX	F	D.O.B. MMDDYYYY	04 - 08 - 1984
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 7	NATURE OF INJURIES LEFT SHOULDER PAIN
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LICENSE PLATE #	ALS1356	STATE	WA	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2006	MAKE	VOLK	MODEL	JETTA	STYLE	P4	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4333-77-88-60
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253197435
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LAST NAME	SOREANO-DAILEY	FIRST NAME	ELLIOT	MIDDLE INITIAL	J
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STREET NEW ADDRESS	1706 114TH DR SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982582019
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	SOREAEJ059KR	STATE	WA	SEX	M	D.O.B. MMDDYYYY	05 - 19 - 1995
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	890ZLI	STATE	WA	VIN#	3A8FY489997519523
-----------------	--------	-------	----	------	-------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2009	MAKE	CHRY	MODEL	PTCRUIS	STYLE	SV	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	SHIRLEY SOREANO 864 VILLAGE WAY MONROE WA 98272
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FARMERS 18846-37-33
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	CHAD CHRISTENSEN	BADGE OR ID #	075	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E396912**

CASE # **15-00293**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit 3 was eastbound in the 8200 of 20th St SE. Unit 2 was behind Unit 3 followed by Unit 1. Driver of Unit 3 states the he was following came to abrupt stop causing him to do the same. Driver of unit 2 states Unit 3 was coming to an abrupt stop and slammed on his brakes which caused Unit 1 to rear-end him and push Unit 2 into Unit 3. Driver of Unit 1 states she Unit 2 come to an abrupt stop and tried to stop, but was unable to avoid Unit 2. Driver of Unit 1 was taken to a medical facility by a family member after complaining of shoulder pain. Unit 2 was towed from the scene by Rescue Towing.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-31-15 09:46 AM

DATED

PLACE SIGNED

APPROVED BY

RON BROOKS 013

DATE

2/1/2015 4:07:54 PM

BADGE OR ID # **075**

ORI # **WA0311900**

TIME POLICE DISPATCHED **5:40 PM**

TIME POLICE ARRIVED **5:52 PM**



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E396912**

CASE # **15-00293**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☒

PHONE

D: 4253191128

LAST NAME

SEWELL

FIRST NAME

JEFFREY

MIDDLE INITIAL

A

STREET NEW ADDRESS

11132 18TH ST SE

CITY

LAKE STEVENS

ST

WA

ZIP

982587942

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

SEWELJA273DA

STATE

WA

SEX

M

D.O.B. MMDDYYYY

03

-

01

-

1973

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

AMK5261

STATE

WA

VIN#

KNAFX4A68E5074483

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2014

MAKE

KIA

MODEL

FOR4D

STYLE

4D

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. JEFF SEWELL 11132 18TH ST SE LAKE STEVENS WA 98258

SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO & POLICY # ALLSTATE 9 76 376643 12/15

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE



UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

SHADE IN DAMAGED AREA

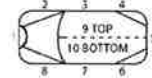
LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

01-31-15 09:46 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

075

ORI #

WA0311900

APPROVED BY

BROOKS

DATE

2/1/2015

PAGE

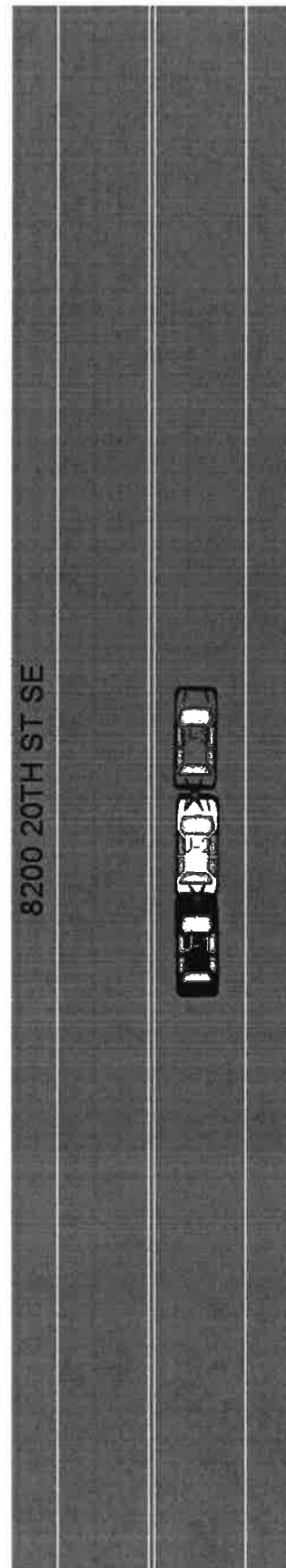
3

OF

4



DRAWING IS NOT TO SCALE



CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND/TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 89.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ___ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER
15-00293

VEHICLE INFORMATION

VIN

3 A 8 F Y 4 8 9 9 T 5 1 9 5 2 3

LICENSE

890ZLI

STATE

WASHINGTON

YEAR

2009

MAKE

CHRYSLER

MODEL

PTCRUISR

☐ Report of Sale

MILEAGE

67660

☐ Digital

STYLE

SPORT VAN

COLOR

WHITE

DRIVER

NAME (LAST, FIRST, MI)

SOREANO-DAILEY, ELLIOT J

STREET ADDRESS

1706 114TH DR SE

CITY, STATE, ZIP CODE

LAKE STEVENS, WA 982582019

PHONE

(425)319-7435

DOB

5/19/1995

REGISTERED OWNER

NAME (LAST, FIRST, MI)

SOREANO, SHIRLEY J

STREET ADDRESS

864 VILLAGE WAY

CITY, STATE, ZIP CODE

MONROE, WA 98272

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON 1/30/2015 AT 18:31 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS
(DATE) (24 HOURS)

IN THE DESCRIBED VEHICLE, I AUTHORIZED RECUE TOWING 5745007
(TOWING FIRM) (DOL TRUCK NO.)

DRIVEN BY BAMA TO REMOVE THIS VEHICLE FROM 8300 20TH ST SE/79TH AVE SE
(DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

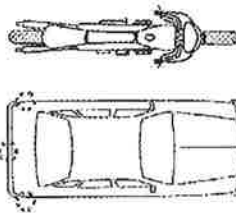
EQUIPMENT

- ☒ [1] KEYS
☐ LOCKED TRUNK
☐ LOCKED GLOVE BOX
☐ LOCKED CENTER CONSOLE
☐ AUTO STEREO
☐ [] DISC(S)
☐ HANDS FREE DEVICE
☐ GPS
☐ RADAR / LIDAR DETECTOR
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER

DAMAGE

- ☐ FRONT
☐ R FRONT
☐ R SIDE
☒ R REAR
☐ L FRONT
☐ L SIDE
☒ L REAR
☒ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER

SHADE DAMAGED AREA



EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY

CLOTHES

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

Vehicle involved in collision.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☐ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC
SIGNATURE

Chad Christensen

SNOHOMISH, WA

075

Lake Stevens PD

3000-110-078 (R 07/13)

COUNTY, WA

BADGE NO.

AGENCY

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-00293



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Epler T	RACE W	ETH	SEX F	DOB 4/18/84	AGE 30	HGT 5	WGT 150	HAIR BLK	EYES BLU
STREET ADDRESS 14611 58th Dr SE		CITY Everett			STATE WA		ZIP 98208	RES. STATUS		
HOME PHONE		CELL PHONE 425-777-6785			PLACE OF EMPLOYMENT KPM					
WORK PHONE		EMAIL ADDRESS Sepulveda@gmail.com								

I, Shannon Epler, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Car in front of me slammed on their ~~brakes~~ brakes causing me to slam on mine and all I remember is hitting his car.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 1-30-15	LOCATION SIGNED Lake Stevens WA
OFFICER/NUMBER: P. [Signature]	DATE SIGNED 1/31/15	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER

15-00393

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Sewell, Jeffrey Adam	RACE	ETH	SEX M	DOB 3-1-73	AGE 41	HGT 5'9"	WGT 180	HAIR Br	EYES Gr
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STREET ADDRESS 11132 18th St. SE	CITY Lake Stevens	STATE WA	ZIP 98258	RES. STATUS
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HOME PHONE	CELL PHONE 425-319-1128	PLACE OF EMPLOYMENT
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WORK PHONE	EMAIL ADDRESS sewell.jeff@yahoo.com
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I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

All 3 vehicles were traveling East bound on 20th St. near 83 Ave SE stoplight. The car in front of me came to a fast stop. I did not hit the car in front of me, but the sudden stop forced the 2 vehicles behind me to collide and the subsequent force caused the middle vehicle to hit my rear bumper. I did not hit the car in front of me after the collision either.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 1-30-15	LOCATION SIGNED
OFFICER/NUMBER C. Chant #75	DATE SIGNED 1/31/15	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-0008



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Dailey, Elliott James	RACE	ETH	SEX M	DOB 5/19/1995	AGE 19	HGT 5'10"	WGT 165	HAIR BRN	EYES BLU
STREET ADDRESS 1706 114th Dr SE		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE		CELL PHONE 425-319-7435			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS elliottdailey@hotmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving home from Western Washington University, heading east on 20th St when the car in front of me slammed on its brakes. I was able to stop but the car behind me didn't have time to react and ended up rear-ending me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Elliott Dailey	DATE SIGNED 11/30/15	LOCATION SIGNED
OFFICER/NUMBER: [Signature] #75	DATE SIGNED 11/31/15	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS15001907 Xref: #SS15001914

Case Numbers: \$SS15000293

Entered 01/30/15 17:38:04 BY SPCT08 SP0379

Dispatched 01/30/15 17:40:05 BY SPDP17 SP0331

Enroute 01/30/15 17:40:05

Onscene 01/30/15 17:52:02

Closed 01/30/15 18:56:43

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1617D Map Page: 377D-6 Group: SS1 Beat: WEST

Src: T

Loc: 20 ST NE/83 AV NE , LKS (V)

Loc Info: 20 ST NE

Name: DAILY, ELLIOT

Addr:

Phone: 4253197435

/1738 (SP0379) ENTRY , CC, JO, NON-INJ, NON-BLK, 2-VEH WHI PT CRUISER
VS BLK PC, BOTH PULLED OVER TO SIDE OF ROAD
/1739 (SP0331) AGCADV , BOLO
/1740 DISPER 19D3 #SS75 CHRISTENSEN, OFCR (CHAD)
/1752 (SS75) *ONSCNE 19D3
/1803 REMINQ 19D3 MDTVEH, ALS1356, , WA, , , , , , , , ,
/1804 (SP0331) ASNCAS 19D3 \$SS15000293
/1820 (*****) REMINQ 19D3 890ZLI
/1820 (SP0331) REMINQ 19D3 LIC, 19D3, 890ZLI, , ,
/1820 ROTREQ 19D3 TOW 5745 LKS RESCUE TOWING
4253345821
/1821 MISC 19D3 , RESCUE TOW ENRT
/1856 CLEAR 19D3 D/H
/1856 CLOSE 19D3
/1919 (SP0380) CROSS #SS15001914

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 4531
 DESTINATION ADDRESS 914254073968
 SUBADDRESS
 DESTINATION ID SnoPac
 ST. TIME 01/31 08:37
 TX/RX TIME 00' 23
 PGS. 1
 RESULT OK

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND/TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ___ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM _____

CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER
 15-00293

VEHICLE INFORMATION

VIN 3 A 8 F Y 4 8 9 9 9 T 5 1 9 5 2 3				
LICENSE 890ZLI	STATE WASHINGTON	YEAR 2009	MAKE CHRYSLER	MODEL PTCRUISR
<input type="checkbox"/> Report of Sale	MILEAGE 67660	<input type="checkbox"/> Digital	STYLE SPORT VAN	COLOR WHITE

DRIVER		REGISTERED OWNER	LEGAL OWNER
NAME (LAST, FIRST, MI) SOREANO-DAILEY, ELLIOT J		NAME (LAST, FIRST, MI) SOREANO, SHIRLEY J	NAME (LAST, FIRST, MI)
STREET ADDRESS 1706 114TH DR SE		STREET ADDRESS 864 VILLAGE WAY	STREET ADDRESS
CITY, STATE, ZIP CODE LAKE STEVENS, WA 982582019		CITY, STATE, ZIP CODE MONROE, WA 98272	CITY, STATE, ZIP CODE
PHONE (425)319-7435	DOB 5/19/1995	PHONE	PHONE

AUTHORIZATION AND RECEIPT

ON 1/30/2015 AT 18:31 PURSUANT TO RCW 46.55.095 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS
 (DATE) (24 HOURS)
 IN THE DESCRIBED VEHICLE, I AUTHORIZED RECUE TOWING 5745007
 (TOWING FIRM) (DOL TRUCK NO.)

DRIVEN BY BAMA TO REMOVE THIS VEHICLE FROM 8300 20TH ST SE/79TH AVE SE
 (DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input checked="" type="checkbox"/> [1] KEYS <input type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> [] DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FRONT SHADE DAMAGED AREA <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input checked="" type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input checked="" type="checkbox"/> L REAR <input checked="" type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		

INVENTORY

CLOTHES

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)
 Vehicle involved in collision.